

**BILLING GUIDELINES FOR PSYCHIATRISTS AND PSYCHIATRIC MENTAL HEALTH NURSE
PRACTITIONERS FOR MENTAL HEALTH/PSCHIATRY SERVICES
Effective January 1, 2013**

Providers must refer to the current CPT and HCPCS codebooks for proper coding.

Service	2012 Procedure Code	2013 Procedure Code	2013 Payment Rate per Unit	Maximum Units per Day
Psychiatric Diagnostic Evaluation	90801 90802	90791 90792	** **	1 service
Psychotherapy, Office	90804 90805 90806 90807 90808 90809 90810 90811 90812 90813 90814 90815	** ** ** ** ** ** ** ** ** ** ** **	** ** ** ** ** ** ** ** ** ** ** **	1 service
Psychotherapy, Inpatient Hospital or Residential Care Facility	90816	**	**	
	90817	**	**	
	90818	**	**	
	90819	**	**	
	90821	**	**	
	90822	**	**	
	90823	**	**	
	90824	**	**	
	90826	**	**	
	90827	**	**	
	90828	**	**	
	90829	**	**	
Family Therapy	90846 90847 90849	90846 90847 90849	\$71.23 \$88.40 \$27.53	1 service
Group Therapy	90853 90857	90853 **	\$ 26.73 **	2 services
Medication Management	90862	90862	\$49.40	1 service
Electroconvulsive Therapy	90870	90870	\$141.23	1 service

Updated 1/4/13

Please refer to Part 203 Chapter 9 of the Administrative Code for Yearly Service Limits for Adults and Yearly Service Standards for Children Under Twenty-One (21) Years Old.

** Effective 1/1/13, please refer to your 2013 CPT Code Book for the appropriate procedure code/s for services provided on or after 1/1/13. Rates for these codes may be found at <https://msmedicaid.acs-inc.com>.